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UNITED NATIONS POPULATION FUND

Recommendation by the Executive Director
Assistance to the Government of Niger

Proposed UNFPA assistance: $6.0 million, $4.4 million from regular resources and $1.6 million from multi-bilateral and/or other, including regular, resources

Programme period: 2 years (1998-1999)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.9	1.4	4.3
Population & development strategies	0.9	0.2	1.1
Advocacy	0.3	-	0.3
Programme coordination and assistance	0.3	-	0.3
Total	4.4	1.6	6.0

NIGER

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	15.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	4.00	≥55
Access to basic health services (%)[3]	32.0	≥60
Infant mortality rate (/1000)[4]	124	≤50
Maternal mortality rate (/100,000)[5]	700	≤100
Gross female enrolment rate at primary level (%)[6]	14.6	≥75
Adult female literacy rate(%)[7]	5.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	9,151
Population in year 2000 (000)	10,805
Sex ratio (/100 females)	97.6
Per cent urban	19
Age distribution (%)	
Ages 0-14	48.4
Youth (15-24)	18.8
Ages 60+	4.0
Percentage of women aged 15-49	43.2
Median age (years)	15.8
Population density (/sq. km.)	7
Annual population growth rate (%)	3.32
Urban	5.77
Rural	2.73
Crude birth rate (/1000)	50.2
Crude death rate (/1000)	17.1
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.10
Life expectancy at birth (years)	
Males	46.9
Females	50.2
Both sexes	48.5
GNP per capita (U.S. dollars, 1994)	230

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support an interim programme of assistance over the period 1998-1999 to assist the Government of Niger in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.0 million, of which $4.4 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.6 million from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

2. UNFPA's proposed fourth programme of assistance to Niger is in keeping with the recommendations of the Programme Review and Strategy Development (PRSD) exercise undertaken jointly by UNFPA and the Government in June 1997. It takes into account the Government's overall population and development goals as reflected in the National Population Policy of 1992, the Programme for Priority Actions and Investments in Population of 1996, the National Policy for Women's Promotion of 1996, the National Health Development Plan for 1994-2000, and the Country Strategy Note. The programme has been formulated for two years in order to harmonize the programme cycles of the agencies of the United Nations Development Group starting in the year 2000.

3. The goal of the interim programme is to improve the quality of life of the people of Niger through improved reproductive health information and services and by the promotion of gender equity and equality. The purposes are to contribute to an increase in the use of reproductive health services, the inclusion of population and gender elements into development strategies, and the creation of an enabling environment for the implementation of the National Population Policy and for carrying out reproductive health activities. The outputs expected at the end of the two-year interim programme are national development plans that take into account population and gender elements and the availability of quality reproductive health services in 50 per cent of the health centres in the departments of Maradi, Dosso and Tillabery as well as in the urban community of Niamey.

4. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the United Nations General Assembly through its resolution 49/128.

Background

5. The Republic of Niger is a landlocked country and one of the largest in sub-Saharan Africa. However, 70 per cent of the 9.1 million people are concentrated on less than a quarter of the country's territory. The age structure is characterized by a high proportion of youth: nearly 50 per cent of the population is below the age of 15. Niger was classified as the poorest country in the world in the 1996

UNDP Human Development Report and was the last country on the Index of Human Poverty in 1997. Income per inhabitant has decreased from $455 a year in 1980 to $230 in 1994.

6. The continuous deterioration of the socio-economic situation of the people of Niger, accompanied by rapid population growth, has progressively resulted in the Government's greater awareness of population issues. This led to the adoption of the National Population Policy in 1992. The objectives of the National Population Policy are expressed in general terms with an emphasis on the enhancement of the country's health and nutritional situation and the reduction of morbidity and mortality. Demographic projections assume a decline in total fertility through the year 2020, but population will continue to grow and could reach 18 million by the year 2020. A Programme for Priority Actions and Investments in Population was elaborated and approved in 1996 as a means of operationalizing the National Population Policy. The National Population Commission (CONAPO) and its supporting structures, the Inter-Ministerial Group for Technical Support to the National Population Policy and the National Information, Education and Communication (IEC) Committee, were set up in 1992 and attached to the Ministry of Social Development, Population, Women's Promotion and Child Protection. The country has begun a process of decentralization, and CONAPO offices have also been set up at the departmental level.

7. The National Health Development Plan, covering the period 1994–2000, aims at decentralization of health-care activities through the construction of maternity houses, community health centres with integrated health services, and district hospitals; the provision of essential drugs and the implementation of the Bamako Initiative; and the training of doctors in emergency surgery at the district level. Although 32 per cent of the population lives within 5 kilometres of a health facility, in rural areas, where 80 per cent of the population lives, only 18 per cent of the population has easy access to a health centre. Moreover, the services are of poor quality due to deficiencies in trained personnel, especially in rural areas, and the lack of drugs and equipment. More than 60 per cent of all deaths recorded in Niger are related to maternal and infant mortality, which are estimated at close to 700 per 100,000 live births and at 124 per 1,000 live births, respectively. In rural areas, only about 18.5 per cent of pregnant women attend pre-natal consultations. Nationally, about 15 per cent of deliveries are assisted by a health professional. In 1992, the total fertility rate was 7.4 children per woman, one of the highest in the world, although it is thought to have declined slightly since then. Abortion is illegal and reliable data are not available, but it is thought to be frequently practiced illegally, especially by adolescents. Women are married as early as 14 years old, and adolescents account for 16 per cent of total births.

8. Even though the Government is willing to provide and promote utilization of modern contraceptive methods, the contraceptive prevalence (of both modern and traditional methods) is very low. Only 2.3 per cent of the population knows about modern contraceptive methods, and the unmet need for family planning is estimated at 40 per cent. The very minimal involvement of men in family planning

programmes and the absence of a comprehensive strategy to promote family planning contribute to this situation.

9. The prevalence rate of sexually transmitted diseases (STDs) is estimated at 145 per 1,000 population, and HIV/AIDS is increasing. Research carried out in 1991/1992 revealed a prevalence of HIV infection of 1.1 per cent among pregnant women in Niamey, 10 per cent among commercial sex workers and 5.6 per cent among people consulting health facilities for STDs.

10. Niger is characterized by a very low and decreasing rate of schooling. It was estimated that 29.5 per cent of school-age children attended school in 1996, and this was only 20.2 per cent in rural areas. The schooling rate for girls is very low. They make up only 37.5 per cent of enrolment at the primary level and 1.5 per cent at the university level. In 1992, government statistics showed that only 8 per cent of women were literate, whereas the male literacy rate was 20.9 per cent. Even though the Constitution recognizes equality between men and women, women are discriminated against when it comes to such things as divorce, separation and inheritance. The prevalence of traditionalist religious views, the ignorance of women about their rights and the fact that discriminatory laws and regulations come from a variety sources (the legal system, traditional customs and religious strictures) all hamper the involvement of women in the development process.

11. The non-adoption of the family code and the non-ratification of the Convention on the Elimination of All Forms of Discrimination Against Women mirror the difficult situation faced by women in Niger. However, a National Policy for Women's Promotion that includes an action plan was adopted in 1996. This policy takes into account most of the recommendations of recent international conferences concerning women's rights and status and focuses on the elimination of discriminatory practices. Since 1991, many women's non-governmental organizations (NGOs) have been involved in income-generating activities, sensitization activities on the need for girls' schooling and promotion of the legal rights of women. An informal network on women and development was set up in 1996. It gathers representatives from multi- and bilateral cooperation agencies, from the Ministry of Women's Promotion, and from NGOs and community associations.

Previous UNFPA assistance

12. The third country programme, for the period 1992–1996, was approved for a total amount of $10.7 million, of which $4.2 million was to come from multi-bilateral sources. Given the low implementation rate, the programme was extended through 1997 without supplementary funding. At the end of the programme, it is estimated that $9 million will have been spent, including $1.2 million from multi-bilateral sources. Of total expenditures, activities in the area of maternal and child health and family planning (MCH/FP) received 50 per cent; IEC, 30 per cent; population and development strategies, 15

per cent; and multisectoral activities, 5 per cent.

13. The achievements of the programme included the integration of four reproductive health components (family planning, safe motherhood, STD and HIV/AIDS prevention, and child care) into the Government's reproductive health programme and the integration of reproductive health services into the minimum package of activities of the integrated health centres as part of the health-care system reform. The programme also assisted in setting up youth and adolescent reproductive health information and services in Niamey in collaboration with the local affiliate of the International Planned Parenthood Federation (IPPF) -- the Niger Association for Family Welfare (ANBEF). The programme contributed to better coordination of the production and of the broadcasting of IEC messages on such subjects as reproductive health, women's status and girls' schooling. By carrying out several different surveys, the programme also helped achieve a better understanding of the country's demographic patterns, the needs and aspirations of youth, and the situation of the women of Niger. The programme trained 500 health personnel in various fields of reproductive health as well as a number of government staff in population and development strategies. Family life education was integrated into the school curricula of primary and secondary schools and in teachers' training schools.

14. Constraints. The constraints encountered in the implementation of the previous programme included the weakness of coordination due to the attachment of CONAPO to one of the less visible technical ministries and the high turnover of trained personnel at both the central and departmental levels. It was also found that the implementation plan of the National Population Policy was over-centralized. Realization of the programme's aims was hindered by the lack of support from religious leaders in the formulation of the family code. Finally, the insufficient training of health personnel in IEC methodologies was also detrimental. The main lesson learned was that for the successful implementation of any reproductive health programme in Niger, it is necessary to have the approval, support and participation of traditional and Islamic leaders as well as the involvement of local NGOs and the communities themselves.

Other external assistance

15. International assistance, especially by countries of the European Union, was put on hold for political reasons at the beginning of 1996. In the past, the major donors in the population sector included the World Bank, which targeted its support to such areas as the health sector, the advancement of women, reinforcement of data collection and analysis, and the schooling of girls. The United States Agency for International Development (USAID) has supported MCH/FP activities and the social marketing of contraceptives through NGOs and will fund the 1998 demographic and health survey. Germany provided assistance for MCH/FP activities in two districts. The Netherlands provided technical assistance for primary health care. France, UNICEF and WHO provided assistance in the prevention and treatment of STDs and in the prevention of HIV/AIDS. WHO also provides technical assistance in the field of

MCH/FP and in combating contagious diseases. IPPF works together with UNFPA mainly through its local affiliate, ANBEF, in carrying out sensitization activities concerning the reproductive health of young people.

Proposed programme

16. In order to harmonize UNFPA's programme cycle with those of other UNDG agencies, the proposed programme has a two-year cycle. During this interim period, UNFPA will continue to collaborate with UNDP, UNICEF and WHO in the implementation of the 1998 population census and health activities. The reproductive health subprogramme will amount to 72 per cent of the budget and will aim to reach 50 per cent of the total population by working in the departments of Dosso, Maradi and Tillabery and in the urban community of Niamey, all of which are situated in the southern part of the country where more than 50 per cent of the population lives. The population and development strategies and advocacy subprogrammes will be national in scope, although at the same time they will provide support for reproductive health activities being carried out at the local level.

17. The main risk factors of the proposed programme may be the lack of support of Islamic associations and traditional leaders towards the implementation of the reproductive health subprogramme. However, the comparative advantages of UNFPA include its ability to utilize South-South initiatives with other African and Muslim countries in order to sensitize religious and traditional leaders, who are, in any case, becoming more receptive to programmes addressing the country's population concerns.

18. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to improving the accessibility and utilization of quality reproductive health services by women, men and young people in the departments of Dosso, Maradi and Tillabery and in the urban community of Niamey. One expected output of the programme is to provide quality reproductive health services in 50 per cent of the integrated health centres in these four parts of the country. This output will be achieved by helping to develop a national policy on reproductive health as well as a corresponding implementation plan; by strengthening the reproductive health management and supervisory capacities of the Directorate for Family Health and its decentralized structures in the department capitals; by organizing refresher courses in reproductive health and IEC techniques for at least one staff member in each targeted health centre; by using traditional birth attendants (TBAs) as social communicators and by developing community-based distribution of contraceptives; and by creating four pilot centres to provide reproductive health information and services to adolescents and youth (two in Niamey and one each in Maradi and Dosso).

19. A second output of the reproductive health subprogramme will be to increase the understanding of the people of Niger of the necessity of reproductive health services by compiling, analysing and

disseminating information from knowledge, attitude and practices (KAP) and sociocultural studies that have already been undertaken in reproductive health, including those on harmful traditional practices; by producing and disseminating reproductive health messages targeted at men, women and adolescents through the national media; by extending the programme of family life education (FLE) in schools; and by providing IEC activities, including FLE, for women involved in rural development programmes.

20. Of the $2.9 million of UNFPA regular resources that will be allocated for the reproductive health subprogramme, $1.3 million will be devoted to IEC and $1.6 million for the improvement of reproductive health services, including those for adolescents. Of the $1.4 million that will be sought from multi-bilateral funds, $300,000 will be for IEC activities and $1.1 million for reproductive health services.

21. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to the inclusion of demographic and gender elements in the country's development plans and programmes. The expected output of UNFPA's support will be the strengthening of national capacity to take into account population and gender elements in national development plans and strategies as well as in its structural adjustment programmes by supporting demographic and social data collection, including the population census; training the staff of the Ministry of Planning; and by supporting the attachment of CONAPO to the Prime Minister's Cabinet and helping to organize coordination meetings of all the actors in the population field.

22. UNFPA's regular resources for the population and development strategies subprogramme will amount to $900,000, of which $500,000 will be used for data collection activities and $400,000 to support the Ministry of Planning. The amount of $200,000 will be sought from multi-bilateral sources for data collection activities.

23. Advocacy. The purpose of the advocacy subprogramme is to contribute to an increased knowledge of population, gender and reproductive health issues by religious, traditional and political leaders. The expected output is an increased support of religious and traditional leaders to reproductive health and gender activities. This will be achieved by organizing seminars and workshops for those leaders to discuss population, gender and reproductive health issues and by facilitating South-South exchanges of experience through study tours and participation in international seminars and conferences that deal with reproductive health and gender issues. UNFPA's contribution to the implementation of the advocacy subprogramme will amount to $300,000.

24. Implementation, coordination, monitoring and evaluation. Management of the fourth country programme will be the responsibility of the UNFPA Representative in close collaboration with the United Nations Resident Coordinator in order to coordinate the programme in the context of the Country Strategy Note. CONAPO is the national institution responsible for the coordination of all population activities in the country. UNFPA will help to coordinate the 1998 population census to which UNDP and

the World Bank will contribute and will work jointly with UNICEF and WHO in Maradi department in providing integrated health services.

25. The Government, United Nations agencies and national and international NGOs will execute the activities. The UNFPA country office is currently staffed by the UNFPA Representative, two national programme officers, one programme assistant, and one finance/administrative assistant and other support staff. National consultants on a short-term basis, national professional project personnel, Country Support Team (CST) advisers and international experts will be called upon to provide the necessary technical expertise to the Government and NGOs in implementing the proposed programme. Similarly, within the framework of South-South cooperation, study tours and exchanges of experience within the region and with other Muslim countries will be organized.

26. The fourth country programme will be monitored using standard UNFPA guidelines. Technical backstopping missions by CST advisers will be made regularly. The design of subprogrammes and component projects will include monitoring and evaluation plans. A situation analysis of the reproductive health services will also be undertaken in the course of the programme in order to obtain information for planning the next programme. An evaluation of the programme will take place at the end of 1999 to review the progress made and make necessary adjustments before starting the next programme of assistance.

Recommendation

27. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Niger as outlined above, in the amount of $6.0 million over the period 1998-1999, $4.4 million of which would be programmed for UNFPA's regular resources, to the extent such resources are available, and the balance of $1.6 million would be sought from multi-bilateral sources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of resources.

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